



GP 3763

Docket: 1117

RECEIVED

SEP 16 2003

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Peter W.J. Hinchliffe

TECHNOLOGY CENTER R3700

Serial No: 09/888,149

Group Art Unit:

3763

Filed: June 22, 2001

Examiner:

Rodriguez

For: **DOUBLE BALLOON THROMBECTOMY CATHETER**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE OF MAILING**

Date of Deposit: 9/16/03

I hereby certify that the following:

- This Certificate of Mailing
- Supplemental Information Disclosure Statement
- PTO Form 1449 & copy of cited references
- Amendment
- Amendment Fee Transmittal
- Return postcard

are being deposited with the United States Postal Service first class mail on the Date of Deposit indicated above in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Neil Gershon  
Rex Medical  
2023 Summer Street  
Suite 2  
Stamford, CT 06905  
(203) 348-0377

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Hinchliffe

Examiner: Rodriguez Group Art Unit: 3763

Serial No: 09/888,149 Filed: June 22, 2001

For: DOUBLE BALLOON THROMBECTOMY CATHETER

AMENDMENT FEE TRANSMITTAL

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22312-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

No additional fee is required.

The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest No. Covered by Previous Payments	Rate Extra	Additional Fee
Total Claims*	14	-	22 = 0	x \$9.00 \$ 0.00
Independent Claims	4	-	6 = 0	x \$42.00 \$ 0.00
			Total:	\$ 0.00

The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. 501567. TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.

Petition for Extension of time pursuant to 37 C.F.R. §1.136(a) is not believed to be required. However, if a petition for extension of time under 37 C.F.R. §1.136(a) is required with this Amendment, please treat this paper as a petition for such extension. The Commissioner is hereby authorized to charge the required extension fee pursuant to 37 C.F.R. §1.17, to Deposit Account No. 501567.

Respectfully submitted,

Dated: 9/10/03

By: Neil D. Gershon

Neil D. Gershon  
Reg. No. 32,225  
Attorney for Applicant

Rex Medical  
2023 Summer St.  
Suite 2  
Stamford, CT. 06905  
(203) 348-0377